

care to address the language included in claims denial letters so veterans are not retraumatized when receiving what may be troubling news. This legislation requires the VA to consult with stakeholders to identify the appropriate language to include in these letters.

Additionally, the Board of Veterans' Appeals does significant work, including the processing of appeals for MST. Given the extremely sensitive nature of these claims, board members must be adequately trained to review these cases. Therefore, this legislation includes an annual training element and requires that if board members do not meet this annual training requirement, they will not be assigned MST cases.

As has been noted in other MST-related bills, the training and development of contract medical providers is essential to conducting MST compensation exams.

This bill will require these medical providers to use the most up-to-date, trauma-informed protocols while working with veterans seeking MST claims.

While it is my understanding that most MST claim exams are being outsourced to contract providers, I appreciate the changes to the introduced text that will require the same training for contract providers and in-house VA providers.

As such, I supported the amendment by Ranking Member BOST to clarify this issue during committee consideration.

Mr. Speaker, I urge my colleagues to support this vital legislation, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 6961, the Dignity for MST Survivors Act, which was introduced by Congressman MRVAN, the chairman of the Subcommittee on Technology Modernization.

All veterans should receive an accurate decision the first time they file a claim, especially if the claim is related to MST. If the VA must deny that claim, this should be communicated in a compassionate manner.

Moreover, the VA disability examiners should be sensitive to the needs of our veterans who are undergoing an exam for a condition related to MST.

This bill would make several improvements to the MST claims process, including enhancing training on MST for adjudicators at the Board of Veterans' Appeals; improving decision notices for claims related to MST; and, requiring the VA to establish standards to ensure that disability examiners perform exams related to MST using trauma-informed practices.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. MRVAN), my good friend and author of this legislation, who serves as the chairman of the Subcommittee on Technology Modernization on the Veterans' Affairs Committee.

Mr. MRVAN. Mr. Speaker, I am proud to rise in support of the Dignity for MST Survivors Act, legislation I was proud to introduce and collaborate with Chairman TAKANO, Chairwoman LURIA, and my other colleagues to address longstanding issues regarding the treatment of survivors of military sexual trauma.

I also thank the Veterans of Foreign Wars, the Paralyzed Veterans of America, The American Legion, and the Wounded Warrior Project for their endorsements of this legislation.

The Dignity for MST Survivors Act seeks to support and affirm veterans who experienced sexual trauma during their military service as they navigate the Board of Veterans' Appeals claims appeal process.

According to the data collected by the Department of Veterans Affairs, an unconscionable 1 in 3 of our brave women veterans and 1 in 50 male veterans report having experienced sexual assault or sexual harassment.

Such traumatic events often have lasting impacts on these individuals' physical and mental health, placing MST survivors at heightened risk for depression, post-traumatic stress disorder, and other debilitating conditions.

Despite these clear treatment needs, many MST survivors face significant difficulty in accessing healthcare and disability benefits from the VA.

In August 2021, an investigation released by the VA's Office of the Inspector General found that an astounding 57 percent of denied MST claims were improperly processed by the VA, in part due to claims processors' lack of MST training.

Multiple veterans service organizations report that the BVA has proven similarly ill-equipped to deal with appeals of denied MST claims and that the current claims appeal process has the unfortunate potential to retraumatize MST survivors.

While the VA has taken steps in the right direction, more must be done to improve the claims appeal experience, show compassion, and safeguard the dignity of MST survivors.

I urge my colleagues to support this legislation in order to ensure MST survivors are not retraumatized at any point in their effort to obtain the world-class healthcare and disability benefits to which they are entitled.

Mr. BOST. Mr. Speaker, I encourage my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I urge all of my colleagues to join me in passing H.R. 6961, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 6961, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. HICE of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

#### INDEPENDENT REVIEW OF ASSESSMENTS BY THE SECRETARY OF VETERANS AFFAIRS OF MENTAL AND PHYSICAL CONDITIONS LINKED TO MILITARY SEXUAL TRAUMA FOR PURPOSES OF AWARDED DISABILITY COMPENSATION

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6064) to direct the Secretary of Veterans Affairs to seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine for a review of examinations, furnished by the Secretary, to individuals who submit claims to the Secretary for compensation under chapter 11 of title 38, United States Code, for mental and physical conditions linked to military sexual trauma.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6064

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. INDEPENDENT REVIEW OF ASSESSMENTS BY THE SECRETARY OF VETERANS AFFAIRS OF MENTAL AND PHYSICAL CONDITIONS LINKED TO MILITARY SEXUAL TRAUMA FOR PURPOSES OF AWARDED DISABILITY COMPENSATION.

(a) AGREEMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (in this Act referred to as the "National Academies") to perform the services covered by this section.

(b) COMPREHENSIVE REVIEW.—Under an agreement between the Secretary and the National Academies under this section, the National Academies shall conduct a comprehensive review of examinations, furnished by the Secretary to individuals who submit claims to the Secretary for compensation under chapter 11 of title 38, United States Code, for mental and physical conditions linked to military sexual trauma (in this Act referred to as "MST"), for the purpose of assessing the impairments of such individuals arising from MST. The review carried out pursuant to paragraph (1) shall include the following elements:

(1) A determination of the adequacy of tools and protocols used by the Secretary to provide examinations described in this subsection, including—

(A) the Disability Benefits Questionnaires;

(B) the Department's schedule of rating disabilities;

(C) consideration of whether certain conditions linked to MST should require referral for both a mental health examination and a physical health examination; and

(D) the necessity of internal pelvic examinations to diagnose certain conditions linked to MST, and whether alternatives to such examinations could be considered if a veteran objects to or cannot complete such examination.

(2) A determination of what credentials and training are necessary for a health care specialist or provider to perform such examinations related to physical conditions linked to MST, for men and for women, including—

- (A) sexual dysfunction;
- (B) pelvic pain;
- (C) pelvic dysfunction;
- (D) musculoskeletal disabilities; and
- (E) cardiovascular conditions (including stroke).

(3) A determination of what credentials and training are necessary for a health care specialist or provider to perform such examinations related to mental health conditions linked to MST, for men and for women.

(4) An assessment of the quality of MST training for individuals who perform such examinations, including recommendations for improvements to such training.

(c) REPORTS.—

(1) REPORT OF THE NATIONAL ACADEMIES.—Not later than 540 days after the date on which the Secretary enters into an agreement under subsection (a), the National Academies shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the comprehensive review conducted under subsection (b). Such report shall include the following elements:

(A) The findings of the National Academies under subsection (b).

(B) Recommendations of the National Academies regarding legislative or administrative action to improve of the adjudication of claims described in subsection (b).

(2) REPORT OF THE SECRETARY.—Not later than 90 days after submission of the report under paragraph (1), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the plans of the Secretary to carry out any action based on the findings and recommendations of the National Academies.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 6064.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 6064, introduced by Representative NEHLS.

Given the unfortunate prevalence of military sexual trauma among veterans and the broad and long-lasting impacts it can have on a survivor, it makes sense to have a neutral research party assess the adequacy of compensation examinations conducted by VA examiners to ensure we are fully addressing the needs of our veterans who have experienced military sexual trauma.

The sensitive nature of MST evaluations requires competent and compassionate care. Having a better understanding of the academic preparation and credentialing of medical and men-

tal health practitioners will allow the VA to adjust and amend existing policy to provide more appropriate compensation examinations.

The National Academies of Science provides independent and objective research that informs public policy. To that end, an empirical review of the practitioner training associated with MST compensation examinations will strengthen stakeholder confidence in the overall process, improve customer service, and enhance claim decisions to benefit veterans who experienced MST.

Mr. Speaker, I thank Ranking Member NEHLS for offering this legislation. I urge my colleagues to support it, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 6064, and I thank Congressman NEHLS, Congresswoman LURIA, and the leaders of the Subcommittee on Disability Assistance and Memorial Affairs, for introducing this bill.

This bill would require the VA to partner with the National Academies to conduct an independent review of the VA's delivery of benefits for claims related to MST.

The National Academies would also provide recommendations that the VA could implement to improve the disability claims process for MST survivors.

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For decades, the National Academies has led research into the VA disability benefits process, including reports on the health effects of toxic exposures and VA's handling of traumatic brain injury claims.

This study is needed to help Congress and VA better understand what changes need to be made in this process to ensure that veterans receive quality, timely, and compassionate consideration of their disability claims.

For too long, we have heard that the MST claims process can be insensitive. This is unacceptable, and VA must do better.

Mr. Speaker, I encourage all of my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing H.R. 6064, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PARNETT). The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 6064.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. HICE of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

## VA PEER SUPPORT ENHANCEMENT FOR MST SURVIVORS ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2724) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide for peer support specialists for claimants who are survivors of military sexual trauma, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2724

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. IMPROVEMENTS TO THE PROCESSING OF CLAIMS BY VETERANS FOR COMPENSATION FOR CERTAIN MENTAL HEALTH CONDITIONS BASED ON MILITARY SEXUAL TRAUMA.

(a) IN GENERAL.—Section 1166 of title 38, United States Code, is amended—

(1) by striking “or air service” both places it appears and inserting “air, or space service”;

(2) in subsection (a)—

(A) in the heading, by striking “IN GENERAL” and inserting “PROCESSING”;

(B) by inserting “(1)” before “The Secretary”; and

(C) by adding at the end the following new paragraphs:

“(2) A peer support specialist of the Department—

“(A) shall not be responsible for providing any assistance to a veteran regarding a claim described in paragraph (1), other than counseling services, guidance, and support, pursuant to duties determined by the Under Secretary for Health; and

“(B) shall not participate in the adjudication of such a claim.”;

(3) by redesignating subsections (b) and (c) as subsections (c) and (d), respectively;

(4) by inserting, after subsection (a), the following new subsection (b):

“(b) REFERRALS TO MST COORDINATORS.—The Secretary shall include, in forms for claims described in subsection (a), an option for a veteran to elect to be referred to a military sexual trauma coordinator of the Veterans Health Administration at the facility of the Department nearest to the residence of such veteran.”; and

(5) in subsection (c), as redesignated—

(A) by inserting “(1)” before “The Secretary”; and

(B) by adding at the end the following new paragraphs:

“(2) The Secretary shall ensure that peer support specialists of the Department receive annual training on how to provide peer support regarding military sexual trauma.

“(3) The Secretary shall provide annual training, regarding the processing of claims described in subsection (a), to the following individuals:

“(A) Military sexual trauma coordinators of the Veterans Health Administration.

“(B) Peer support specialists of the Department.”;

(b) CLERICAL AMENDMENTS.—

(1) SECTION HEADING.—The heading of such section is amended by striking “Specialized teams to evaluate claims” and inserting “Claims”.

(2) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 11 of such title is amended by striking the item relating to section 1166 and inserting the following:

“1166. Claims involving military sexual trauma.”.